

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028504

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4243

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 14 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 50 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) ST. LUKES HOSPITAL		d. STREET ADDRESS (If outside, give location) 45 WEST CONCORD	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) FRANK JAMES MCGINLEY		4. DATE OF DEATH JULY 26 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-3-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VICE PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY RUBEROID CO.	11. BIRTHPLACE (City and state or country) CHICAGO, ILL.
13a. FATHER'S NAME MAURICE MCGINLEY		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT MARTIN J. CAVANAUGH, MRS. HOUSTON TEXAS	
16. SOCIAL SECURITY NO. [REDACTED]		14. NAME OF HUSBAND OR WIFE KATHERINE MCGINLEY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) Immability from fractured hip DUE TO (c) Emphysema - Atelectasis.		INTERVAL BETWEEN ONSET AND DEATH Days -	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema - Atelectasis.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:05 a.m. p.m. Month, Day, Year Sept 58	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION KANSAS CITY, MISSOURI		COUNTY JACKSON STATE MO.	
21. I attended the deceased from Sept 58 to July 26 63 and last saw him alive on 7-26-63 Death occurred at 11:05 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) V. B. Ballard M.D.	
22b. ADDRESS 4378 W. Marshall Road Kansas City, Mo.		22c. DATE SIGNED 7/27/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-29-1963	23c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR MUEHLEBACH		25. DATE RECD. BY LOCAL REG. 7-29-63	
ADDRESS 6800 TROOST		26. REGISTRAR'S SIGNATURE Ruth Long	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
V. B. Ballard

BY AFFIDAVIT OF

V. BRYCE BALLARD
OFFICE 4320 WORNALL RD. VA. 1-4350
RES. 4408 W. 74TH TERR, EN. 2-6654

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

A. E. Nichols

Licensed Embalmer No. 4997

P. O. Address W. E. M. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.